

REQUIRED FORM FOR ALL STUDENTS – SECTIONS 1 & 2 MUST BE COMPLETED

2010-2011 MANSFIELD & REGION #19 SCHOOL LUNCH AND BREAKFAST PROGRAM
APPLICATION FOR FREE OR REDUCED PRICE MEALS OR FREE MILK FOR ½ DAY KINDERGARTEN STUDENTS

Parents/Guardians: Complete only one application for each household. To apply for free or reduced price meals or free milk for your children, you must list the names of all members of the household in Part 5. **However, each foster child must have their own separate application and should not be included as part of your regular household.** Return the application to the school office. If the children receive medical benefits only, you must complete Part 1 and then continue with Part 5.

1. (Print) Student Information: (Make sure you list each child below **AND** in section 5a.)

Name	Grade	Name of School	Does this child receive SNAP (formerly known as Food Stamps) or TFA or WIC? (circle)	If yes, provide client ID number
_____	_____	_____	yes / no	_____
_____	_____	_____	yes / no	_____
_____	_____	_____	yes / no	_____
_____	_____	_____	yes / no	_____

2. The children listed above:

☐ May Qualify (Continue to complete the application). ☐ Do not Qualify (Please initial _____ and return the form).

3. If the child you are applying for is homeless or a runaway, check the appropriate box and contact your school's homeless liaison at:

_____ ☐ Homeless ☐ Runaway

4. ☐ Check if student is a Foster Child: **Note:** Complete a separate application for each foster child. List the child's monthly personal use income. Write "0" if the child has no personal use income. \$ _____

5. Household Members and Monthly Income: If you are receiving only medical benefits, you must report an income and complete Part 5. If you gave a client ID number for SNAP (formerly known as Food Stamps) or TFA, skip part 5.

a. Name (List everyone in household including children listed above in section 1.)	b. Gross Income and how often it was received (Indicate if income was received monthly, twice a month, every other week, weekly, or annually.) You MUST list frequency of income. <i>Example: \$100/monthly \$100/twice a month \$100/every two weeks \$100/weekly \$28,000/annually</i>				c. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other Income	
(Example): Jane Smith	\$ 200.95 / weekly	\$ 150.20 / weekly	\$ 100 / monthly	\$ _____ / _____	<input type="checkbox"/>
1	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

6. RACIAL AND ETHNIC IDENTITY: You are not required to complete Section 6. This section is optional

Ethnicity: ☐ Hispanic/ Latino ☐ Not Hispanic/Latino Choose one or More (Regardless of Ethnicity): ☐ American Indian or Alaska Native ☐ Asian ☐ White ☐ Native Hawaiian or other Pacific Islander ☐ Black or African American

7. Signature and Social Security Number: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

X _____ X _____ OR ☐ I don't have a social security number..

Signature of Adult Household Member

Social Security Number

Home Telephone No. _____ Work Telephone No. _____ Printed Name _____

Street/Apt. No. _____ City/State/Zip _____ Date _____

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA) Program case number for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

For School Use Only – Do Not Write Below This Line

Annual Income Conversion: Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12

(Only convert to annual income if there are different frequencies of income listed in the columns under Section 5b.)

☐ SNAP (Food Stamp)/TFA Household

☐ Income Household: Total household income: _____ per _____ Household Size: _____

Application approved for: ☐ Free Meals

Application denied because:

☐ Reduced-Price Meals

☐ Income over allowed amount

☐ Incomplete/missing

☐ Other

Temporary approved for: ☐ Free Meals, Expires: _____ ☐ Reduced-Price Meals, Expires: _____

Date Notice Sent: _____ Signature of Determining Official: _____ Date: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals or free milk, complete this application using the instructions below, sign your name and return the application to the school. If you need help, call the school at this number: (860)-429-7824.

Part 1- STUDENT INFORMATION: List each child's name, grade and school. Indicate if your children are receiving SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program) or Temporary Family Assistance (TFA). If your children are receiving SNAP or TFA, provide the Client ID Number for each child. An adult household member must sign the application in Part 7, but do not complete Part 5. (**Note: If you are receiving only medical benefits for your children, you must report all household income in Part 5.**) *If a child is a foster child, a separate application must be completed. A foster child is considered a separate household because they are a legal ward of the State and must have a separate application.*

Part 2 – Indicate your children's potential eligibility or ineligibility to qualify for free or reduced price meal or free milk benefits..

Part 3 – Indicate if the child you are applying for is homeless or a runaway. You must contact the school (or homeless liaison) to notify them of the child's status

Part 4 - A FOSTER CHILD who is a legal ward of the State may get free meals regardless of your household income.

Complete a separate application for each foster child. Also, **complete this Part 4 and Part 7. Licensed foster homes do not complete Part 5.** *Note: Subsidized adoptions and/or guardianships require you to provide all household income documentation in Part 5. These children are not considered legal wards of the state and therefore, are considered part of your household and all household income must be listed.*

FOSTER CHILD INCOME: Write each child's *personal use income and how often it is received (such as weekly, every two weeks, twice a month, or monthly). Write "0" if the child has no personal use income. **An Adult household member must sign Part 7.**

**Personal use income includes: Funds provided by the welfare agency that are specifically identified by category for the personal use of the child, such as for clothing, school fees and allowances. Welfare funds paid to the foster parents identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income. Personal use income also includes other funds received by the child, including any income the child earns for full-time or regular part-time employment, and money provided by the child's family for personal use.*

Part 5- ALL OTHER HOUSEHOLDS: Complete Part 5 if: You did not give a SNAP/TFA Client ID Number; you are receiving only medical benefits; each child is not a legal ward of the state; or if each child is a subsidized adoption or you have subsidized guardianship. **Note:** An adult household member **must** sign the application in Part 7.

- HOUSEHOLD NAMES:** Write the names of everyone (related or unrelated) who live in your household. Include yourself and each child listed above, your spouse, all other children, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space. **Note: Do not include foster children in your regular household.**
- CURRENT INCOME:** Write the amount of income each person now receives on the same row as his or her name in the column that corresponds with the income source. Also, indicate if income was received monthly, twice a month, every two weeks, weekly, or annually. Income is all money before taxes or anything else is taken out. **If the amount received most recently is higher or lower than usual, write instead that person's usual income.** **Note:** If you are in the Military Housing Privatization Initiative, do not include this housing allowance.
- NO INCOME:** Check the box if the person has no income. (**Note:** "Person" includes adults and children in the household.)

Part 6- RACIAL/ETHNIC IDENTITY: Put a check mark next to the racial/ethnic group of your child. This information helps us to be sure everyone gets benefits on a fair basis. *You do not have to complete this section to get free or reduced meals or free milk.*

Part 7 - SIGNATURE: An adult household member must sign the application or it cannot be approved. The social security number of the adult signer must be included unless otherwise noted. If the adult household member signing the application does not have a social security number, check the box "No Social Security Number." *Reminder:* A social security number is not needed if you have listed a SNAP Client Number, TFA Client Number or if the children are foster children.

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Workmen's compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security

Pensions
Retirement income
Social Security
Veteran payments
Supplemental Security income

Other Income

Earnings from second job
Disability benefits
Interest/dividends
Cash withdrawn from savings
Income from Estates/Trust/Investments
Regular Contributions from persons not living in the household
Royalties/Annuities/Rental Income
Any other monies that may be available to pay for the child's meals or milk

Child Support/Alimony

Alimony payments
Child Support payments

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

MANSFIELD AND REGION 19 SCHOOL LUNCH PROGRAM

APPLICATION FOR FREE OR REDUCED PRICE MEALS or FREE KINDERGARTEN MILK (1/2 Day Kindergarten Students Only)

September 2010

Dear Mansfield Public School Families:

The Mansfield Public Schools and Region #19 participate in the National School Lunch/School Breakfast Program. Meals are served every school day. Students may buy lunch for \$2.10 at the Elementary Schools, \$2.35 at the Middle School and \$2.65 at the High School. Breakfast is available K-12 for \$1.30 at the elementary school, \$1.55 at the Middle School and \$1.80 at the High School. Kindergarten milk for ½ day students is \$.35. All meals and kindergarten milk are available free or at a reduced price for those that qualify.

- If you now get Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Family Assistance (TFA) for your child, that child can get free meals.
- If your total household income is at or below the amounts on the Income Chart, your child can get free meals or reduced price meals for \$.40 for lunch and/or \$.30 for breakfast.
- If you have a foster child, that child may be eligible for benefits regardless of your income because the child is a legal ward of the State of Connecticut and is considered a household of one. However, subsidized adoptions and subsidized guardianships require the calculation of all household income plus the adoption/guardianship subsidy.
- Children in households participating in WIC may be eligible for free or reduced price meals.
- You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

HOW TO APPLY:

To get free or reduced price meals for your child or children, carefully complete the application and return it to the school or bring in a letter from the Department of Social Services. If you now get SNAP or TFA for your child/children, the application must have the child/children's name(s), the Client ID for each child, and the signature of an adult household member. If you do not list a Client ID number for SNAP or TFA the application must contain the following:

- the names of everyone in the household
- the amount of income each household member received last month, where it comes from and how often it is received
- the signature of an adult household member and the adult's social security number or the word "none" if the adult does not have a social security number.

Households with a foster child must include the child's name, the amount of personal use income the child received last month and an adult must sign the application.

If your housing is part of the Military Housing Privatization Initiative, do **not** include your housing allowance as income. All other allowances must be included in your gross income.

Disclaimer: Please note that the updated income chart is not available and the new levels will be higher than those listed below.

INCOME CHART:

Effective from July 1, 2009 to June 30, 2010

Number in Family	Annual Gross Income	Monthly Gross Income	Every 2 Weeks Gross Income	Weekly Gross Income
1	20,036	1,670	771	386
2	26,955	2,247	1,037	519
3	33,874	2,823	1,303	652
4	40,793	3,400	1,569	785
5	47,712	3,976	1,836	918
6	54,631	4,553	2,102	1,051
7	61,550	5,130	2,368	1,184
8	68,469	5,706	2,634	1,317
Each Add'l Family Member	+6,919	+577	+267	+134



NOTE: An application that is not complete cannot be approved.

